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ATTY DOCKET NO. OMS027/152174

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application:)	Customer No. 23,444
)	
Williamson, et al.)	Examiner: Aaron M. Dunwoody
)	
Serial No.: 10/790,900)	
)	Art Unit 3679
Filed: Filed Herewith)	
)	
For: DRILL STEM CONNECTION)	Docket No. OMS027/152174

CERTIFICATE OF EXPRESS MAIL

Under 37 CFR 1.10

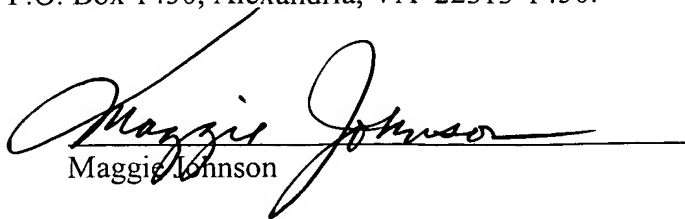
"Express Mail" No. EV 326180532 US

Date of Deposit: August 16, 2006

I hereby certify that this package containing:

1. Response Transmittal;
2. Request for Extension of Time;
3. Check No. 384944 for \$450.00 for Request Extension of Time;
4. Response to Office Action;
5. Supplemental Information Disclosure Statement;
6. Check No. 384945 for \$180.00 Supplemental Information Disclosure Statement;
and
7. Postcard to be stamped and returned acknowledging receipt of this document

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above with sufficient postage and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Maggie Johnson



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Joseph Steve Williamson
Scott L. Granger
Roger D. Chancey

Serial No.: 10/790,900
Date Filed: March 1, 2004
For: Drill Stem Connection

Art Unit: 3679
Examiner: Aaron M. Dunwoody
Atty Docket OMS027/152174
No.

RESPONSE TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. Transmittal herewith for this application is
Response to Office Action dated March 17, 2006;
Amendments (11 pgs.);
Remarks (12 pg.)
Postcard to be stamped and returned acknowledging receipt of documents;
Check No. 384944 in the amount of \$450.00 for Extension of Time; and
Check No. 384945 in the amount of \$180.00 for Supplemental IDS.
Clean Copy of Claims (11 pgs.)
2. Applicant is
☐ a small entity.
☒ other than a small entity

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.10)

I hereby certify that this correspondence is, on the date shown below, being deposited with sufficient postage as Express Mail, Label No. EV326180532US, in an envelope addressed to the following: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: August 16, 2006
Maggie Johnson
Signature

(type or print name of person certifying)

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

(complete, as applicable)

- ☐ Applicant petitions for an extension of time under 37 C.F.R. § 1.136 (fees: 37 C.F.R. § 1.17(a)(1)-(4) for the total number of months checked below:

Extension (months)	Fee <u>large entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input checked="" type="checkbox"/> two months	\$ 450.00	\$ 225.00
<input type="checkbox"/> three months	\$ 1,020.00	\$ 510.00
<input type="checkbox"/> four months	\$ 1,590.00	\$ 795.00
<input type="checkbox"/> five months	\$ 2,160.00	\$ 1080.00

Fee: \$450.00

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured. The fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.
- ☒ Extension fee due with this request \$ 450.00

OR

- ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After Amendment	Highest No. Previously Paid For	Extra Present	Rate	Added Fee
Total: 37	37	0	\$50/25	0
Independent: 5	5	0	\$200/100	0
First Presentation of Multiple Dependent Claims:			\$360/180	
Total Additional Fees:				0

(complete (c) or (d), as applicable).

- ☒ No additional fee for claims is required.

OR

- ☐ Total additional fee for claims required \$ _____

FEE FOR TERMINAL DISCLAIMER

- ☐ Attached is a check in the sum of \$ ____.
- ☐ Authorization is hereby made to charge the amount of \$ _____
- ☐ to Deposit Account No. _____
- ☐ to Credit card as shown on the attached credit card information authorization form PTO-2038

WARNING: Credit card information should not be included on this form as it may become public.

FEE PAYMENT

6. ☒ Attached is our check in the sum of \$450.00.
- ☐ Attached is our check in the sum of \$ _____ for a petition to revive an application.
- ☐ Charge Account No. _____ the sum of \$ _____

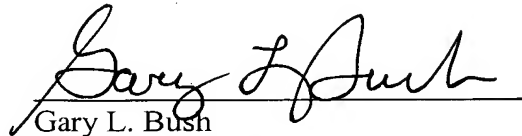
FEE DEFICIENCY

7. ☒ If any additional extension and/or fee is required, charge Account No. 50-0897
(OMS027/152174)

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 50-0897
(OMS027/152174)

Date: August 16, 2006



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Customer No. 23,444